

SECTION 1 – SITE PARAMETERS

Introduction

The Insurance Identification and Verification (IIV) parameters can be found on the main MCCR Site Parameter Display/Edit screen in the bottom right corner. Each VA site can use the IIV parameters to configure or reconfigure the data extract criteria and other behaviors of the IIV application to better handle that site's unique data and system requirements.

The MCCR Site Parameter Display/Edit option can be found on the MCCR System Definition Menu.

Recommended Site Parameter Settings

Upon installation of patch IB*2.0*184 (IIV), the Insurance Supervisor needs to configure the IIV Site Parameters. It is through these site parameters that a site enables the IIV batch extracts, and tells the system how to behave. This is perhaps the most critical portion of IIV. Figure 1-1 shows a table of recommended Site Parameter Settings. Please note the recommended IIV Settings for initial runs may be different at your site.

Recommended Site Parameter Settings**General Parameters**

Freshness Days:	180	Contact Person:	{enter name IIV installer/IRM}
Daily Mailman Msg:	YES	Contact Office Phone:	{required}
		Contact Email:	{required -Outlook acct. recommended}
Daily Stat Report Time:	0700		
Mailgroup for IIV msgs:	IBCNE IIV MESSAGE	Failure Mailman Msg?	Yes
HL7 Processing Mode:	Immediate		
HL7 Batch Start Time:			
HL7 Batch Stop Time:			
HL7 Max Number:	195		

Patients without Ins Settings:

Inquire Inactive Ins?: Yes

Batch Params:**Extract #1 - Ins. Buffer**

Active?: On
Max Extract Number: 50

Extract #3 - Non-Verified

Active?: On
Selection Criteria 1: 180
Selection Criteria 2: 180
Max Extract Number: 50

Extract #2 - Appointment

Active?: On
Selection Criteria 1: 30
Max Extract Number: 50

Extract #4 - No Insurance

Active?: Off
Selection Criteria 1: 180
Selection Criteria 2: 180
Max Extract Number: 20

Figure 1-1 Recommended IIV Site Parameter Settings for Initial Installation**Configure IIV Site Parameters**

After installing the patch, it is essential that users configure the IIV Site Parameters to activate and initialize the IIV application. All data extracts are installed as not active and must be activated and configured to meet your site's individual needs. The results of the IIV application should be monitored, so the extract criteria and other functionality can be reconfigured to better suit your site's changing requirements. These settings can be reconfigured at any time. The IIV Site Parameters are managed as a new section through the existing MCCR Site Parameters Display/Edit option.

MCCR Site Parameters

The following screen displays the main MCCR Site Parameters screen showing the addition of the Insurance Identification and Verification parameters at the bottom right.

MCCR Site Parameters		Sep 03, 2005@12:35:45	Page: 1 of 1
Display/Edit MCCR Site Parameters. Only authorized persons may edit this data.			
IB Site Parameters		Claims Tracking Parameters	
Facility Definition		General Parameters	
Mail Groups		Tracking Parameters	
Patient Billing		Random Sampling	
Third Party Billing			
Provider Id			
EDI Transmission			
Third Party Auto Billing Parameters		Insurance ID and Verification	
General Parameters		General Parameters	
Inpatient Admission		Batch Extracts Parameters	
Outpatient Visit		Patients Without Insurance	
Prescription Refill			
Enter ?? for more actions			
IB Site Parameter	AB Automated Billing	EX	Exit Action
CT Claims Tracking	IV Ins Id and Verif		
Select Action: Quit//			

Figure 1-2 MCCR Parameters with Insurance Identification and Verification Parameters

User Input Field

SELECT ACTION: To modify the IIV Site Parameters the user should select IV (Ins Id and Verif) to access the IIV Site Parameters screen.

Insurance Identification and Verification Site Parameters

Selecting the IV action will display the new Insurance Identification and Verification parameter screen. There are three sub-sections to this new parameter screen:

- General Parameters
- Batch Extracts
- Patients Without Insurance

The following figure displays the Insurance Identification and Verification Site Parameters screen with Immediate HL7 Processing Method selected.

eIIV Site Parameters		Sep 03, 2005@10:31:48	Page: 1 of 1
Only authorized persons may edit this data.			
General Parameters			
Days between electronic reverification checks:	180		
Send daily statistical report via MailMan:	YES		
Time of day for daily statistical report:	0700		
Mail Group for eIIV messages:	IBCNE IIV MESSAGE		
HL7 Response Processing Method:	IMMEDIATE		
Daily Maximum HL7 Messages:	195		
Contact Person:	SMITH,ALICE		
Receive MailMan message when unable to electronically			

confirm insurance due to communication problem: YES

Batch Extracts

Extract Name	On/Off	Selection Criteria	Maximum # to Extract/Day
Buffer	ON	N/A	50
Appt	ON	30	50
Nonverified	ON	180/180	50
No Insurance	OFF	180/180	20

Patients Without Insurance

Look at a patient's inactive insurance? YES

Enter ?? for more actions

GP	General Parameters	PW	Patients w/o Ins
BE	Batch Extracts	EX	Exit Action

Select Action: Quit//

Figure 1-3 IIV Site Parameters Screen with Immediate HL7 Processing Parameters

The following figure displays the IIV Site parameter screen with Batch HL7 Processing Method selected.

eIIV Site Parameters		Sep 03, 2005@10:31:48	Page: 1 of 1
Only authorized persons may edit this data.			
General Parameters			
Days between electronic reverification checks:	180		
Send daily statistical report via MailMan:	YES		
Time of day for daily statistical report:	0700		
Mail Group for eIIV messages:	IBCNE IIV MESSAGE		
HL7 Response Processing Method:	BATCH		
HL7 Batch Start Time:	0700		
HL7 Batch Stop Time:	0900		
Daily Maximum HL7 Messages:	195		
Contact Person:	SMITH,ALICE		
Receive MailMan message when unable to electronically confirm insurance due to communication problem: YES			
Batch Extracts			
Extract Name	On/Off	Selection Criteria	Maximum # to Extract/Day
Buffer	ON	N/A	50
Appt	ON	30	50
Nonverified	ON	180/180	50
No Insurance	OFF	180/180	20
Patients Without Insurance			
Look at a patient's inactive insurance? YES			
Enter ?? for more actions			
GP	General Parameters	PW	Patients w/o Ins
BE	Batch Extracts	EX	Exit Action
Select Action: Quit//			

Figure 1-4 IIV Site Parameters Screen with Batch HL7 Processing Method Parameters

User Input Field

SELECT ACTION: User selects which section of these parameters to view/edit. Users may select GP (General Parameters), PW (Patients w/o Insurance) or BE (Batch Extracts). Users may also select EX to exit the action.

General Parameters

Selecting the GP (General Parameters) action allows users to edit the IIV Site Parameters associated with the General Parameters sub-section. Entering a “^” at any prompt will return the user to the previous screen. Entering “?” at any prompt will display the help information associated with the field. Entering “??” at any prompt will display either the same or an alternate, extended version of the help information. The General Parameters interface screen is displayed below. Please note that if the HL7 RESPONSE PROCESSING (#350.9,51.13) field is Batch, the user must populate the HL7 START TIME (#350.9,51.14) and HL7 STOP TIME (#350.9,51.19) fields.

The following figure displays the Insurance Identification and Verification Site General Parameters user input screen with Batch HL7 processing mode selected.

```
General Parameters

FRESHNESS DAYS: 180//
DAILY MAILMAN MSG: YES//
DAILY MSG TIME: 0700//
MESSAGES MAILGROUP: IBCNE IIV HL7 PROBLEMS//
HL7 RESPONSE PROCESSING: Batch//
HL7 START TIME: 0700//
HL7 STOP TIME: 0900//
HL7 MAXIMUM NUMBER: 195//
CONTACT PERSON: SMITH,ALICE//
  OFFICE PHONE: 512-239-7444//
  EMAIL ADDRESS: Alice.Smith@med.va.gov
FAILURE MAILMAN MSG: YES//
```

Figure 1-5 Editing General Parameters with Batch Processing Parameters

User Input Fields

FRESHNESS DAYS: Enter the number of days (#350.9,51.01) that determine how "fresh" the insurance verification must be before IIV seeks to electronically verify it again. This parameter value applies to the insurance buffer and the appointment extracts and represents how long to wait before IIV can attempt to reconfirm the same insurance for a patient. If the value is 10, this means that IIV can attempt to reconfirm insurance for a patient 11 days after the most recently inquired date. A specific date is always asked of the payer when trying to identify a patient's eligibility.

The parameter value is a whole number in the range from 7 to 180. FRESHNESS DAYS (#350.9,51.01) is displayed above as "Days between electronic reverification checks" on Figure 1-4, previously listed. Please be aware that the lower the freshness days value, the more often electronic insurance verifications are transmitted to the Eligibility Communicator. This value may need to be adjusted according to your business needs and how frequently users typically reconfirm patient insurance.

DAILY MAILMAN MSG: Set the DAILY MAILMAN MSG (#350.9,51.02) to YES to have IIV generate a daily IIV Statistical Report that will be sent to a user specified MailMan Message Group. Select NO to prevent the automatic generation and distribution of a daily IIV Statistical Report. The report contains information about the electronic IIV process, and is detailed in Section 6 – IIV Reports. This report is useful for monitoring the HL7 traffic being generated by the IIV application and the impact of its use on the Insurance Buffer, as well as, how to optimize the application to utilize all available IIV payers.

DAILY MSG TIME: Enter a time in military format between 0001 and 2400 (midnight). The time entry must be 4 characters in length. The daily IIV Statistical Report will be generated at this time and sent to the specified MailMan Message Group after completion. This field is only relevant if the DAILY MAILMAN MSG (#350.9,51.02) parameter is set to YES. This indicates when the report will be generated and sent via MailMan to the Messages Mail Group defined below. If this parameter is not defined, the daily IIV Statistical Report will not be generated regardless of the value of the DAILY MAILMAN MSG (#350.9,51.02) parameter.

MESSAGES MAILGROUP: Enter a MailMan Message Group where the mail messages will be sent. The daily IIV Statistical Report (if active) and IIV error messages will be sent to this Mail Group. Enter "???" to display a list of existing MailMan message groups. If this parameter is not defined, the daily IIV Statistical Report will not be generated regardless of the value of the DAILY MAILMAN MSG (#350.9,51.02) parameter. However, IIV error messages will be re-routed to the Postmaster if a Mail group is not identified.

HL7 RESPONSE PROCESSING: Select 'Batch to process responses with the Batch method, alternatively, the user may select 'Immediate to process responses with the Immediate method. The Immediate method is addressed in Figure 1-6, Editing General Parameters with Immediate Processing Parameters. Batch method indicates that the HL7 messages are processed, stored up and sent to VistA by the Eligibility Communicator between the HL7 Start and Stop Times. Immediate method indicates that the HL7 messages are processed and sent to VistA by the Eligibility Communicator as they are received from the payer. The most common method of processing is Immediate. The IRM should be consulted in this decision as there may already exist a high level of HL7 traffic on the system and they may wish to Batch the receipt of these IIV payer responses to an off-peak hour.

HL7 START TIME: Enter a time in military format between 0001 and 2400(midnight) to begin receiving IIV Payer Responses. The time entry must be 4 characters in length. The HL7 START TIME (#350.9,51.14) must be defined, and the prompt will only be displayed, if the user has selected the Batch processing method. It is recommended that the range of processing times reflect a period of low CPU processing (i.e. when there is little activity).

HL7 STOP TIME: Enter a time in military format between 0001 and 2400(midnight) to terminate or stop receiving IIV Payer Responses. The time entry must be 4 characters in length. The HL7 STOP TIME (#350.9,51.19) must be defined and the prompt will only be displayed if the user has selected the Batch processing method. It is recommended that the range of processing times reflect a period of low CPU processing (i.e. when there is little activity).

HL7 MAXIMUM NUMBER: The HL7 MAXIMUM NUMBER (#350.9,51.15) specifies the maximum number of inquiries that may be sent during the HL7 process for eIIV. This feature is used to manage the amount of HL7 traffic flowing through the HL7 package. **To set this value properly, this value must be 20 or 25 higher than the sum of the Maximum Extract Number values for all active extracts.** If the HL7 Maximum Number is smaller than this sum, a bottleneck will occur and will be reflected on the IIV Statistical report as "Queued Inquiries". Enter a number between 1 and 5000 or leave blank. ***The IRM should be consulted before increasing the value of this field, since it has a direct relationship to the amount of traffic within the HL7 module.*** This parameter is required.

CONTACT PERSON: Enter a CONTACT PERSON (#350.9,51.16) to whom all communication issues should be directed by the Financial Services Center. It is highly recommended that the IRM be the designated CONTACT PERSON. Users may enter a new person name, initial, SSN, verify code, nickname, service/section, DEA#, VA#, or alias. This parameter is required.

OFFICE PHONE: Enter the business/office telephone number of the CONTACT PERSON (#350.9,51.16). This parameter is required.

EMAIL ADDRESS: Enter a valid Internet address to which an outside person or vendor can send correspondences. The address must be in xxx@domain format. Please note, for VistA MailMan addresses, the period replaces the comma in lastname.firstname syntax, the underscore replaces the space and the plus sign replaces the period following the middle initial (for example, smith.robert_b+@forum.va.gov for Robert B. Smith on Forum).

FAILURE MAILMAN MSG: A communication failure is when IIV is unable to electronically confirm the patient's insurance information due to a communications problem. Select YES, if a MailMan message should be generated and sent for each inquiry marked as a communication failure. Messages will be sent to

the Mail Group specified by the user at the Messages Mail Group prompt. Selecting NO will prevent messages from being created when an inquiry is marked as a communication failure. If not defined, the MailMan messages will not be sent to the Messages Mail Group for each communication failure.

The following figure displays the IIV Site General Parameters user input screen with Immediate HL7 processing mode selected.

```
General Parameters
FRESHNESS DAYS: 180//
DAILY MAILMAN MSG: YES//
DAILY MSG TIME: 0700//
MESSAGES MAILGROUP: IBCNE IIV HL7 PROBLEMS//
HL7 RESPONSE PROCESSING: Batch// I Immediate
HL7 MAXIMUM NUMBER: 195//
CONTACT PERSON: SMITH,ALICE//
OFFICE PHONE: 512-239-7444//
EMAIL ADDRESS: Alice.Smith@med.va.gov Replace
FAILURE MAILMAN MSG: YES//
```

Figure 1-6 Editing General Parameters with Immediate Processing Method Parameters

If the user selects NO at the DAILY MAILMAN MSG (#350.9,51.02) input field they will not be prompted to enter a DAILY MSG TIME.

If the user selects Immediate at the HL7 RESPONSE PROCESSING (#350.9,51.13) input field, they will not be prompted to enter an HL7 Start and Stop Time. The remaining prompts are identical to those identified above in Figure 1-5 Editing General Parameters with Batch Processing Parameters.

Batch Extract Parameters

Selecting the BE (BATCH EXTRACTS) action allows the user to edit the IIV Site Parameters associated with the BATCH EXTRACTS (#350.9,51.17) sub-section. The user must first select the extract type. Currently, there are four types of extracts: INSURANCE BUFFER, APPOINTMENT (PRE-REGISTRATION), NON-VERIFIED INSURANCE and NO ACTIVE INSURANCE. The interface is the typical user interface and entering “^” at any prompt will exit the interface and return the user to the previous screen reflecting any changes made. Entering “?” at any prompt will display the help information associated with the field. The possible Batch Extracts interface screens are displayed below. Please note that the prompts change depending upon the Extract Type selected.

The IIV batch extracts are:

1. **INSURANCE BUFFER EXTRACT.** This extract generates insurance inquiries based on the entries in the insurance buffer. Any entry that appears with a space or an exclamation mark (!) in the insurance buffer list screen’s verified column is subject to being used by the extract to generate an inquiry. FRESHNESS DAYS (#350.9,51.01) are examined to determine the entry’s eligibility. The Batch Extract parameter MAXIMUM EXTRACT NUMBER (#350.9002,.05) allows the site to set a cap/ceiling for the number of records to extract.
2. **PRE-REGISTRATION (APPOINTMENTS).** This extract generates insurance inquiries based on appointments scheduled in the future. Patients must meet the eligibility criteria defined in the MAS Parameters. The appointment must be for a clinic that has not been designated as excluded in the MAS Parameters. It also checks that the patient has not died in the interim. FRESHNESS DAYS

(#350.9,51.01) are examined to determine the entry's eligibility. The Batch Extract parameter MAXIMUM EXTRACT NUMBER (#350.9002,.05) allows the site to set a cap/ceiling for the number of records to extract.

3. NON-VERIFIED INSURANCE. This extract generates insurance inquiries for patients who are veterans, who have been seen in the last X days and are not deceased. These patients must have active insurance that is designated as "reimbursable" and is not an HMO. In addition, the last service date inquired upon by IIV (if it exists) must be older than TODAY- Y days. X (SELECTION CRITERIA #1 (#350.9002,.03)) and Y (Selection Criteria #2 (#350.9002,.04)) are determined by the Batch Extract parameter that is set in the Insurance Verification Parameters. The Batch Extract parameter MAXIMUM EXTRACT NUMBER (#350.9002,.05) allows the site to set a cap/ceiling for the number of records to extract.
4. NO ACTIVE INSURANCE. This extract generates insurance inquiries for patients who are veterans, have been seen in the last X days and are not deceased. In addition, the last service date inquired upon by IIV (if it exists) must be older than TODAY – Y days. X (SELECTION CRITERIA #1 (#350.9002,.03)) and Y (Selection Criteria #2 (#350.9002,.04)) are determined by the Batch Extract parameters that are set in the Insurance Verification Parameters. Only patients who have never had any insurance entered into their file or only have expired insurance coverage are extracted. Please note that Medicare and Medicaid are excluded from this process. The Batch Extract parameter MAXIMUM EXTRACT NUMBER (#350.9002,.05) allows the site to set a cap/ceiling for the number of records to extract.

The following figure shows the Batch Extract Parameters for the Buffer Extract.

Batch Extract Parameters

Select one of the following:

1	Buffer
2	Appt
3	Nonverified
4	No insurance

Batch extract parameters to edit: 1 Buffer

ACTIVE?: Active//

MAXIMUM EXTRACT NUMBER: 50//

Figure 1-7 Editing Batch Extract Parameters for the Insurance Buffer Extract

User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 1 to edit the Batch Extract Parameters for the Insurance Buffer Extract.

ACTIVE?: Selecting ACTIVE will process Insurance Buffer Extract during the Batch Extract process. Allowing the Insurance Buffer extract to process will help maintain the day-to-day activity in the buffer. If this parameter is NOT ACTIVE, the Insurance Buffer extract will not run as part of the daily extract process. *It is recommended that the insurance buffer extract always be set to Active.*

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of Insurance Buffer items that may be extracted during the daily batch extract run. The MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. This parameter is required.

The following figure shows the Batch Extract Parameters for the Appointment Extract.

```
Batch Extract Parameters

  Select one of the following:

      1      Buffer
      2      Appt
      3      Nonverified
      4      No insurance

Batch extract parameters to edit: 2  Appt
ACTIVE?: Active//
SELECTION CRITERIA #1: 30//
MAXIMUM EXTRACT NUMBER: 50//
```

Figure 1-8 Editing Batch Extract Parameters for the Appointment (Pre-Registration) Extract

User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 2 to edit the Batch Extract Parameters for the Appointment Extract.

ACTIVE?: Select ACTIVE to process the Appointment Extract during the Batch Extract process. If this parameter is NOT ACTIVE, the Appointment Buffer extract will not run as part of the daily extract process.

SELECTION CRITERIA #1: Enter a number for SELECTION CRITERIA #1 (#350.9002,.03). Selection Criteria #1 specifies the maximum number of days in the future a patient can be scheduled for an appointment and be eligible for extraction. For example, if the value is 10, then a patient will be eligible for extract if their appointment is within 10 days of the extract date. The number must be between 7 and 180. User input is required for this field.

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of Appointment items that may be extracted during the daily batch extract run. The MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. This parameter is required.

The following figure shows the Batch Extract Parameters for the Non-Verified Insurance Extract.

```
Batch Extract Parameters

Select one of the following:

1      Buffer
2      Appt
3      Nonverified
4      No insurance

Batch extract parameters to edit: 3  Nonverified
ACTIVE?: Active//
SELECTION CRITERIA #1: 180//
SELECTION CRITERIA #2: 180//
MAXIMUM EXTRACT NUMBER: 50//
```

Figure 1-9 Editing Batch Extract Parameters for the Non-Verified Insurance Extract

User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 3 to edit the Batch Extract Parameters for the Non-Verified Insurance Extract.

ACTIVE?: Select ACTIVE to process the Non-Verified Insurance Extract during the Batch Extract process. If this parameter is NOT ACTIVE, during the daily extract process, the Insurance Buffer extract will not run.

SELECTION CRITERIA #1: Enter the number of days for extraction. SELECTION CRITERIA #1 (#350.9002,.03) indicates how far in the past a patient must have been seen to be eligible for extract. For example, if the value is 10, then a patient will be eligible for extract if he/she was seen in the last 10 days. . The number must be between 7 and 180. This parameter is required.

SELECTION CRITERIA #2: Enter the number of days for extraction. The Selection Criteria #2 (#350.9002,.04) is similar to the FRESHNESS DAYS (#350.9,51.01) parameter as it represents how long to wait before IIV can attempt to re-identify the same insurance for a patient. For example, if the value is 10, IIV can attempt to re-identify insurance for the same patient 11 days after the most recently inquired date. A specific date is always asked of the payer when trying to identify a patient's eligibility. The number must be between 7 and 180. This parameter is required.

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of Non-verified Insurance items that may be extracted during the daily batch extract run. MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. This parameter is required.

```
Batch Extract Parameters

Select one of the following:

1      Buffer
2      Appt
3      Nonverified
4      No insurance

Batch extract parameters to edit: 4  No insurance
ACTIVE?: Not Active//
SELECTION CRITERIA #1: 180//
```

```
SELECTION CRITERIA #2: 180//  
MAXIMUM EXTRACT NUMBER: 20//
```

Figure 1-10 Editing Batch Extract Parameters for the No Insurance Extract User Input Fields

BATCH EXTRACT PARAMETERS TO EDIT: Select 4 to edit the Batch Extract Parameters for the No Insurance Extract.

ACTIVE?: Select ACTIVE to process the No Insurance Extract during the Batch Extract process. If this parameter is NOT ACTIVE, the Insurance Buffer extract will not run as part of the daily extract process.

SELECTION CRITERIA #1: Enter the number of days for extraction. Type a Number between 7 and 180. User input is required for this field. The SELECTION CRITERIA #1 (#350.9002,.03) indicates how far in the past a patient must have been seen to be eligible for extract. For example, if the value is 10, then a patient will be eligible for extract if he/she was seen in the last 10 days.

SELECTION CRITERIA #2: Enter the number of days for extraction. The Selection Criteria #2 (#350.9002,.04) is similar to the FRESHNESS DAYS (#350.9,51.01) parameter in that it represents how long to wait before IIV can attempt to re-identify the same insurance for a patient. For example, if the value is 10, IIV can attempt to re-identify insurance for the same patient 11 days after the most recently inquired date. A specific date is always asked of the payer when trying to identify a patient's eligibility. Type a Number between 7 and 180. User input is required for this field.

MAXIMUM EXTRACT NUMBER: Enter a number for the Maximum Number of No Insurance items that may be extracted during the daily batch extract run. The MAXIMUM EXTRACT NUMBER (#350.9002,.05) must be between 10 and 5000. This parameter is required.

Patients Without Insurance Parameters

Selecting the PW (Patients Without Insurance Parameters) action allows the user to edit the IIV Site Parameter associated with the Patients Without Insurance Parameters sub-section. This sub-section controls the behavior of which inquiries should be created when the extract encounters a patient with no active insurance in VistA. It allows the site to specify whether or not it should query the payer for active policy information using the Expired Policy's Subscriber ID. An insurance company will not be available for electronic identification if the associated payer is not Nationally Active, or if it is not Locally Active.

Entering a “^” at any prompt will return the user to the previous screen. Entering “?” at any prompt will display the help information associated with the field. Entering “??” at any prompt will display either the same or an alternate, extended version of the help information.

The Patients Without Insurance Parameters screen is displayed below.

```
Patients Without Insurance Parameters  
  
INQUIRE INACTIVE INSURANCE: YES//
```

Figure 1-11 Editing Patients Without Insurance Parameters

User Input Fields

INQUIRE INACTIVE INSURANCE: The INQUIRE INACTIVE INSURANCE field (#350.9,51.08) helps guide both the No Insurance data extract and Appointment data extract to request information for a patient's inactive insurance if no active insurance is listed on the patient's insurance records. Setting this to YES, allows the system to query payers associated with the patient's inactive insurance to determine if the patient's inactive policies have been reactivated. Setting this to NO, disables this option, thereby preventing the system from inquiring about the patient's expired insurance policies. Setting this to NO will also reduce HL7 traffic.